



NAME (Last, First, Middle Initial)		BIRTHDATE	
(AREA CODE) HOME PHONE		(AREA CODE) WORK PHONE	
RESIDENCE ADDRESS			
CITY		STATE	ZIP
MAILING ADDRESS			
CITY		STATE	ZIP

COMPANY NAME		
COMPANY STREET ADDRESS		
CITY	STATE	ZIP

HIGH SCHOOL GRADUATE OR GED?		COLLEGE/UNIVERSITY GRADUATE?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER SPECIALIZED TRAINING YOU HAVE RECEIVED— <i>A resume is not required, but may be included</i>			
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HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ Yes ☐ No (If "Yes," attach a detailed explanation of circumstances)

DRIVER LICENSE NUMBER		STATE	NUMBER OF YEARS ENDORSED
HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED DURING THE PAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No      (If "Yes," attach a detailed explanation of circumstances)			
If you are licensed in Washington, the Department of Licensing will obtain a copy of your driver record. If you are licensed in another state, you must obtain a copy of your driver record and attach it to this application.			
DO YOU CURRENTLY OWN A MOTORCYCLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAKE	MODEL	CC SIZE
NUMBER OF YEARS YOU HAVE BEEN RIDING ON STREET		NUMBER OF STREET MILES RIDDEN LAST YEAR	
HAVE YOU ATTENDED THE MRC:RSS WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHEN	WHERE	

WHY DO YOU WANT TO BECOME AN INSTRUCTOR? (Be specific as possible. Use additional sheets if necessary)

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IF YOU BECOME AN INSTRUCTOR, HOW OFTEN WOULD YOU BE AVAILABLE TO TEACH WMSP RIDER TRAINING COURSES? (State law requires three per year)

DO YOU HAVE A WMSP AFFILIATED SPONSOR?

☐ Yes ☐ No

NAME OF SPONSORING ORGANIZATION

INSTRUCTOR STANDARDS AND RESPONSIBILITIES

The professional standards and responsibilities for the WMSP instructor incorporate the MSF standards and were created to insure that motorcycle safety courses presented under the WMSP are conducted in an efficient and professional manner that insures quality instruction while maximizing student safety. The WMSP instructor:

1. Conducts rider courses that meet WMSP standards.
2. Maintains the minimum level of required WMSP instructional activity, 32 modules (hours) per year.
3. Enrolls and completes instructor refresher courses when required by WMSP.
4. Keeps up to date on current motorcycle safety instruction and information.
5. Owns and operates a motorcycle that meets Washington vehicle code standards. Police officers that ride a motorcycle for their jobs are exempt from owning a motorcycle.
6. Maintains riding skills sufficient to correctly demonstrate riding exercises.
7. Maintains a satisfactory driving record that meets the Department standards.
8. Wears proper protective gear, including a helmet, whenever riding.
9. Complies with WMSP policies and procedures.
10. Maintains contact with WMSP and MSF.
11. Conducts themselves in a professional manner on and off the riding range.

*I declare under penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct. I further agree to abide by the instructor standards and responsibilities of the Washington Motorcycle Safety Program.*

X

SIGNATURE OF APPLICANT

Date

TO BE COMPLETED BY SPONSOR

DO YOU ACCEPT CANDIDATE FOR YOUR PROGRAM?

☐ Yes ☐ No

SPONSOR SIGNATURE

X

DATE

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.*